



**DEPARTMENT OF PUBLIC WORKS**

**AMHERST TRANSFER STATION**

Tel. (603) 673-5469 Fax (603) 673-0174

**Permit Expires 30 Days from the Date of Issuance**

Date \_\_\_\_\_

Contractors Name \_\_\_\_\_ Contractor \_\_\_\_\_  
Signature Printed

Address \_\_\_\_\_ Phone \_\_\_\_\_ Lic. Plate \_\_\_\_\_

Resident's Name & Address \_\_\_\_\_

\_\_\_\_\_ **Dump Sticker No.** \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the above contractor to haul demolition and/or trash to the Amherst Transfer Station.

If you have questions, please see the Scale House Attendant or check the Amherst Town web site at [amherstnh.gov/publicworks/transfer.html](http://amherstnh.gov/publicworks/transfer.html).

Thank you for your cooperation

\_\_\_\_\_  
Attendant's signature